



MassHR



COMMONWEALTH MANAGEMENT CERTIFICATE PROGRAM

Leadership Commitment (Approval) Form

As part of the CMCP application, this form must be signed and submitted by **5:00PM, Thursday, September 1, 2016** to the following address. **NOTE:** the form submission must include all original (wet) signatures and must be received by the deadline. Late or incomplete submissions will not be considered for the program.

Commonwealth Management Certificate Program Application Committee

Human Resources Division

One Ashburton Place, Room 301

Boston, MA 20108

CMCP Applicant: Complete the Applicant Information and obtain the requested signatures for their approval

Applicant's full name:

Job title:

Agency:

Work address:

Supervisor Information

I certify that all the information provided above is correct.

Supervisor's Full Name:

Supervisor's Job Title:

Supervisor's Work Address:

Supervisor's Signature:

Date:

Agency Head (or designee) Information

By signing this form, I grant approval for the employee listed above to participate in the Commonwealth Management Certificate Program, and agree that I have read and understood the program requirements.

Agency Head's full name:

Agency Head signature:

Date:
